



Complete Summary

TITLE

Patients' experiences: percentage of adult specialty care patients who reported how often their doctor's office followed up on results for blood tests, x-rays or any other tests ordered.

SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of adult specialty care patients who indicated how often ("Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always") someone from the doctor's office followed up to give them test results when the doctor ordered a blood test, x-ray or other test.

RATIONALE

The CAHPS Clinician & Group Survey refers to three instruments that ask patients about their experiences with doctors and their office staff. The Adult Specialty Care Questionnaire captures the adult patient's perspective on the quality of care provided by specialist physicians. This information is useful to physicians aiming to improve the patient-centeredness of the care they deliver as well as to patients trying to make informed decisions when selecting a physician.

PRIMARY CLINICAL COMPONENT

Adult specialty care; patient experiences; follow up on test results (blood test, x-ray, other)

DENOMINATOR DESCRIPTION

Patients age 18 years and older who answered the "Follow Up on Test Results" question on the CAHPS Clinician & Group Survey Adult Specialty Care Questionnaire (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of "Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always" responses on the "Follow Up on Test Results" question (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/State government program
External oversight/Veterans Health Administration
Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Health plan members age 18 years and older who are currently enrolled in the health plan (commercial, Medicaid, or Medicare) and who have had at least one visit to the specialty care physician in the prior 12 months

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients age 18 years and older who answered the "Follow Up on Test Results" question on the CAHPS Clinician & Group Survey Adult Specialty Questionnaire. Include refusals, non-response, and bad addresses/phone numbers. See the "Description of Case Finding" field.

Exclusions

- Deceased
- Ineligible (did not receive care in the last 12 months)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of "Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always" responses on the "Follow Up on Test Results" question

Note: Include all completed questionnaires. A questionnaire is considered complete if responses are available for 14 or more of the 28 key survey items. Refer to the original measure documentation for more information.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Case-mix adjustment

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

CAHPS recommends adjusting the data for respondent age, education, and general health status.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

During the first phase of the CAHPS program (1996-2000), the CAHPS Consortium began work on a standardized, evidence-based instrument that would allow physicians and medical group administrators to assess and improve patients' experiences with their care. Working in collaboration with the Pacific Business Group on Health (PBGH), the Consortium developed a preliminary instrument known as the CAHPS Group Practice Survey (G-CAHPS).

The Consortium used that instrument as a starting point for its development of the CAHPS Clinician & Group Survey during phase II of the CAHPS program. Steps in the development process of the new instrument included the following:

- Interviews with stakeholders about their experiences with the Health Plan Survey and their information needs with respect to both physicians and groups.
- Consultation with PBGH and the Massachusetts Health Quality Partners, both of which had fielded their own group-level surveys.
- The establishment of the Ambulatory CAHPS Advisory Group, a diverse panel of experts who have provided input on issues related to survey content and administration.
- The publication of a "Call for Measures" in the June 10, 2004, edition of the *Federal Register*. This allowed the Consortium to review the relevant work done by other organizations and assess potential domains to cover in the Clinician & Group Survey.
- Field-testing with over a dozen organizations, including health plans, large medical groups, purchaser groups, physician boards, and others.
- Cognitive interviewing in English and Spanish to determine how potential respondents understood and reacted to survey questions.

- Several rounds of revision of the draft instrument based on feedback from field tests, cognitive interviews, and stakeholders.
- Endorsement of the instrument by the National Quality Forum, as well as the Ambulatory Quality Alliance.

To learn more about the development of the CAHPS Clinician & Group Survey, go to https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Development.asp.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

Identifying Information

ORIGINAL TITLE

Follow up on test results.

MEASURE COLLECTION

[CAHPS Clinician & Group Survey](#)

MEASURE SET NAME

[CAHPS Clinician & Group Survey, Adult Specialty Care Questionnaire 1.0](#)

SUBMITTER

Agency for Healthcare Research and Quality

DEVELOPER

Agency for Healthcare Research and Quality
CAHPS Consortium

FUNDING SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ)

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

- Agency for Healthcare Research and Quality (AHRQ)
- American Institutes for Research (AIR)
- Harvard Medical School
- RAND
- Westat

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

MEASURE AVAILABILITY

The individual measure, "Follow Up on Test Results," is published in the "CAHPS Clinician & Group Survey and Reporting Kit." This Kit may be downloaded at the [CAHPS Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on June 26, 2009. The information was verified by the measure developer on August 7, 2009.

COPYRIGHT STATEMENT

No copyright restrictions apply.

Disclaimer**NQMC DISCLAIMER**

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 9/14/2009

